

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

 FEPA EEOC

440-2007-03160

Illinois Department Of Human Rights

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Mr. Douglas J. Wiltse

Home Phone (Incl. Area Code)

(847) 749-4245

Date of Birth

09-20-1959

Street Address

City, State and ZIP Code

509 North Dunton Ave, Arlington Heights, IL 60004

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

DISCOVER FINANCIAL SERVICES

No. Employees, Members

Phone No. (Include Area Code)

500 or More

(847) 405-0900

Street Address

City, State and ZIP Code

A Morgan Stanley Company, 2500 Lake Cook Road, Riverwoods, IL 60015

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

 RACE COLOR SEX RELIGION NATIONAL ORIGIN RETALIATION AGE DISABILITY OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

08-01-2006

02-16-2007

 CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began employment with Respondent on or about February 17, 1992 and my current position is Forecasting/Billing Specialist. Respondent has been aware of my disabilities since on or about May 31, 1993. On or about October 6, 2006, I had an episode related to one of my disabilities when my supervisor yelled at me and tried to put me on a corrective action. On or about November 6, 2006, I complained to Respondent of discrimination and identified witnesses that should be interviewed. Respondent did not interview any of my witnesses. On or about November 10, 2006, I received an unfavorable review. As of January 18, 2006, I began a leave of absence due to my disability

I believe I have been discriminated against based on my disabilities and retaliation, in violation of Title I of the Americans with Disabilities Act of 1990.

RECEIVED EEOC

FEB 18 2007

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE
(month, day, year)

Feb 16, 2007

Date

Charging Party Signature

EXHIBIT A